MDR Tracking Number: M5-04-1838-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 23, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the physical therapy services were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 03/01/03 to 04/28/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 29, 2004

RE: MDR Tracking #: M5-04-1838-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History
The claimant is a 35 year old male who fell from a ladder on ___ sustaining a comminuted fracture of the left distal radius and the ulnar styloid. He also sustained compression fractures of L1,2 and 3. His wrist fractures were treated surgically his lumbar fractures were treated closed. He was in a cast for 6 weeks. He was referred to physical therapy on 2/11/03 and had 31 physical therapy sessions the last on 4/28/03.

Requested Service(s)
Physical therapy services from 3/10/03 through 4/28/03

Decision
I agree with the carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision
The claimant received 31 physical therapy sessions over a period of 11 weeks. Services were fully allowed for 4 weeks and then partially approved for an additional month through 4/10/03 mostly for therapeutic exercises, and then were denied subsequent to the above except for 4/17 and 4/30. Most of the therapy was devoted to mobilizing his left wrist and hand. After 24 physical therapy treatments, through 4/10, he should have been functional enough to engage in home exercises and return to work with appropriate restrictions. The fracture was comminuted, however, the subsequent therapy was prolonged over what would be expected within reasonable medical probability. It is noted that there were no records from the treating physician regarding clinical progress. The only material available was the operative report.